KAY BAILEY HUTCHISON

United States Senator Washington, D.C. 20510-4304

October 1, 2003

The Honorable Everett Alvarez, Chairman Capital Asset Realignment for Enhanced Services (CARES) Commission 810 Vermont Ave NW Washington, DC 20420

Dear Chairman Alvarez and Members of the CARES Commission:

Thank you for taking the time to visit San Antonio and holding this important hearing at which you will have an opportunity to hear from those most affected by the proposed changes. As a member of the United States Senate Veterans Affairs Committee, I fully understand the need for the Veterans Administration to examine all of the medical services provided to our veterans and to realign the requirements where necessary to address the greatest need.

Nearly one in ten active duty service members calls Texas home and returns to Texas after they have served our country. Texas, therefore, has a rapidly growing veterans population and I believe this will require expanded veterans' medical services in Kerrville, Corpus Christi, the Rio Grande Valley, and San Antonio to meet the increased needs in the years ahead.

As you review the health care needs in this region, I also want to ask that you carefully consider any proposal to reduce the level of care in Kerrville. As a community-based health care provider, the Kerrville Veterans Affairs Medical Center consistently provides excellent care, and lessens the burden on the San Antonio Veterans Affairs Medical Center. Smaller community-based hospitals can provide a quality of care simply not possible at larger facilities.

Our veterans deserve access to quality healthcare and I reaffirm my opposition to reduction in services at any of the VA facilities in this region. I am concerned that fewer VA facilities could force veterans to travel greater distances for healthcare or even go untreated, which is simply unacceptable.

Today, you will hear testimony from many of those veterans who depend on the care provided by the Veterans Administration and will be most affected by any major changes. Your efforts on this Commission will help ensure the best outcome for our veterans and the affected communities. I believe you can best accomplish that outcome by being creative and working with the communities and veterans to identify the most cost-effective ways to provide the quality care to our veterans they so richly deserve.

I thank you for your service on this Commission and thank you for your willingness to consider all options to ensure all veterans receive access to quality care. I appreciate your efforts.

Sincerely,

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Kay Bailey Hutchison

CORNYN STATEMENT FOR WACO CARES COMMISSION HEARING

U.S. Sen. John Cornyn, a member of the Senate Armed Services Committee, sent the following statement by video to the Waco CARES Commission hearing on October 3, 2003:

Thank you for allowing me to participate in this hearing. I'd like to thank Mayor Ethridge, Judge Jim Lewis, and all the other members of the Waco VA Hospital task force for their work on this important issue. And even though my duties at the Senate don't allow me to be with you in person, I want to extend to you my deepest appreciation of the importance of this issue. There is a great deal at stake before the commission today.

As a member of the Senate Armed Services Committee, and the son of a veteran, I am personally dedicated to looking out for the interests of all brave military personnel, active and retired, who call Texas their home.

I fully understand the need for the VA to direct – and if need be redirect – our nation's resources to best serve America's Veterans. But I also believe that the mental health services provided at the Waco Hospital are critical to Texas veterans.

I want to let you all know that I am very concerned that the recommendation in the Draft National CARES Plan to close the Waco VA Hospital is not only wrong, but is based on incomplete and deficient information.

For example, in describing national workload gaps in outpatient mental health clinic stops, the Draft National CARES Plan notes that the, quote, "Mental Health outpatient projection methodology is being reviewed and is under revision. The projections are probably underestimates of the demand for services. The forecasts will be updated for the next Fiscal Year strategic planning cycle," unquote.

That's hardly an encouraging statement to read. I believe we should hold off on making such critical decisions until we have a better understanding of the demand for mental health services, and we are confident we are not basing our decisions on faulty data.

I believe that we ought to hold our Texas veterans in the highest honor. We must always remember that our own freedom was not won without cost, but bought and paid for with the sacrifices of generations. The lives of Veterans serve as daily reminders of that truth, for our communities, and for our children. And their health care should be a top priority for us.

I strongly believe that before we make any decision to close such an important health treatment facility as the Waco VA Hospital, we owe it to our Nation's veterans to ensure that we have the most accurate information available, and carefully weigh the ramifications of this decision.

Thank you again for the opportunity to submit this statement, and I look forward to working with you on these important issues in the future.

Statement by Congressman Chet Edwards to the CARES Commission— October 3, 2003, Waco, Texas

Mr. Chairman and Members:

I first want to thank the Members of this distinguished panel for your lifetime of public service to our nation, both in uniform and out. Your work on this important Commission continues that commitment of service.

I also want to thank you for coming to Waco, Texas. This is a community that respects veterans every day, not just on Veterans or Memorial Day. For over 70 years, this community has been a partner with the Veterans Administration in providing dedicated and even loving care to tens of thousands of some of our nation's neediest veterans. We want to work with you to continue that partnership.

It is a privilege for me to welcome you to the 11th Congressional district, which is the home of Ft. Hood and one-fifth of all active duty U.S. Army divisions in the world. We are also home to one of the largest veterans populations of any congressional district in America.

As we speak, over 17,000 soldiers from Ft. Hood are in Iraq. By next year, over 30,000 Ft. Hood soldiers will have been deployed there.

Whether it is measured by the economic impact of troops deployed overseas, or far more importantly, measured by the personal sacrifice of year-long family separation or serious combat injuries, this district is giving a great deal to our country. Almost weekly our district bears the burden of the ultimate sacrifice in combat—loss of life. To us, that loss is not abstract. These are our neighbors and our friends. We are brought together by a common media market, so when someone at Ft. Hood is deployed, injured or killed in combat, that news comes into our living rooms, and yes, their pain touches us in a personal way.

I do not, and I would not, ask this Commission to automatically keep open the Waco VA hospital because of the economic and personal sacrifices presently being made by our citizens.

We understand that the status quo is not acceptable, that we owe it to veterans and taxpayers to ensure that our VA facilities are used effectively and efficiently.

But, what I do respectfully ask you is this: In light of the sacrifices the citizens of our district are making for our country, and in light of Waco's 71-year partnership with the VA, give us a reasonable amount of time to develop new options that take full advantage of Waco's state of the art facilities and incredibly experienced workforce.

If we cannot develop reasonable plans that provide quality care for veterans in an efficient manner, then Secretary Principi can still close the Waco VA.

However, if given a fair chance to develop a local-state-federal partnership, I am confident we can develop bold, innovative solutions that are a win for veterans, taxpayers and Central Texas.

After being your partner in VA health care for 71 years, I hope we have earned the right to work together in good faith with you over a reasonable period of time. Just two months ago, the VA's pending recommendation was to expand, not close the Waco VA.

I have great respect for the employees and leadership of the Veterans Administration. My mentor, Congressman Olin E. "Tiger" Teague, chaired the House Veterans Affairs Committee for 12 years. In Congress I served as the ranking Member of the VA Health Care Subcommittee, and now am an active supporter of VA health care as a Member of the Appropriations Committee. During that time I have learned that VA employees are dedicated, hard-working public servants.

However, I must suggest that the process that led to Secretary Roswell's recommendation to close the Waco VA was a flawed process. And, this is why.

After considerable study, in April of this year, VISN 17 recommended to the VA Central Office in Washington that the Waco VA be more fully utilized as a center of excellence for psychiatric care. Given the \$80 million spent in the last 12 years here and the experienced workforce, that proposal made sense.

However, just four months later the VA in Washington directed the Central Texas VA management to be bolder in its recommendations.

The recommendation to close the Waco VA, unbelievably, was based on approximately a two-week analysis. The recommended fate of a 71-year partnership, 80 million dollars of recent renovations, 800 employees and care for thousands of veterans was determined by people in Washington, D.C., some of whom had never even visited the VA Campus, based on a two-week study.

Such a flawed process fails the test of fairness for veterans, taxpayers and our district.

When I asked the Central Texas VA management, they had to admit there was not a cost-benefit analysis done, because there wasn't time to do one. No one could tell me how many millions of dollars it would cost taxpayers to duplicate the state-of-the-art psychiatric facilities recently modernized at Waco. No one could tell me which acute psychiatric patients would go where and whether the subcontracting capacity was even available. No one could tell me if Congress, during a time of huge deficits, would appropriate funds to build capabilities that already exist in Waco.

Last Saturday morning when I met with over 50 Waco VA employees, you know what they told me? They said I was the first person to ask them their ideas about how to better utilize the Waco VA rather than shutting it down.

That's incredible and sad.

I want to make it clear. I do not blame Dean Billick or the Central Texas VA management. I have worked closely with Director Billick for seven years now. He is a former Marine who has committed his life to service for veterans. He regularly attends my town hall meetings with Central Texas veterans leaders. Director Billick had led the preparation of the April proposal which recommended expanding the services at Waco, not shutting them down.

Director Billick did not complain to me about the short notice, but when I asked him how much time his staff had been given to respond to Washington's directions, he had an obligation to tell me the truth, which he did.

I don't doubt a lot of numbers have since been collected to justify the Central Office's recommendation of closure, but the truth is that decision was made based on an inadequate, superficial and rushed analysis. I don't question Central Office's motives. They are honorable people who genuinely want to provide quality care for veterans, but the truth is this process was too rushed to be a fair one.

You will hear specific testimony about the economic and quality of care losses that would result from closing the Waco VA. I agree with those points and would just add a few observations.

First, there is something wrong about spending \$80 million to renovate the Waco VA, including the just finished building 94 with its unmatched acute psychiatric facilities, and then shutting those facilities down.

Second, it is even worse to spend millions more of taxpayers' dollars to duplicate elsewhere some of those same facilities.

Third, while the state-of-the-art buildings at the Waco VA represent rare and even unique health care assets, the greatest asset of the Waco VA is its experienced, dedicated workforce. Shutting down the Waco VA will break up a workforce that will not be duplicated. It takes special people to work with acute and long-term psychiatric patients. For the long-time employees at Waco, their jobs here are a labor of love that stems from their

deep respect for veterans. Lose many of them with closure, and we will have seriously harmed the quality of care to some of our veterans most in need.

Fourth, I believe it sends a terrible message to over 40,000 Army soldiers and their families at Ft. Hood, that while they are being asked to risk their lives for our country in Iraq and Afghanistan, their government is shutting down a nearby center of excellence for psychiatric care for veterans. Just as we watch daily on our local television news what is happening to our Ft. Hood neighbors, the families of Army soldiers who are now in Iraq, will watch on tonight's local news, that the Administration wants to shut the Waco VA. Try as hard as we may, but most of those families won't believe that shutting down a VA hospital in the same district with Ft. Hood is a way to show appreciation for the service of our soldiers there.

Fifth, next week the House Appropriations Committee will take up an \$87 billion bill to support our efforts in Iraq, millions of which will go to building hospitals there. How do we explain to citizens in a military-oriented district that is sacrificing so much during this time of war, that our nation can afford to build new hospitals in Iraq, but we cannot afford to keep open a veterans hospital in Waco?

Given the serious implications of closing the Waco VA hospital, especially when the recommendation was based on a rushed, inadequate analysis, I would ask the Commission to consider several steps.

First, give us a set date by which to propose a specific, alternative to closing the Waco VA. Let us work with you, the VA management and employees, and local, state and federal officials over a reasonable period of time. Given our 71-year partnership, \$80 million of renovations for state-of-the-art facilities and our uniquely experience workforce, it is better to make a good decision than a fast one. If you read the August nationwide recomendations, the Central Office suggests more time should be taken to evaluate a number of VA facilities. Waco should be added to that list of facilities that deserve and need more consideration.

Second, let's separate out the unnecessary overhead from the necessary high costs of providing care to acute and long-term psychiatric patients. We can and should find ways to reduce waste, but Waco should not be penalized for providing specialized care for veterans that require a high staff to patient ratio. If anything needs to be changed, it should perhaps be the artificial VA cap of \$40,000 a year the VA reimburses its hospitals for even the most difficult psychiatric cases. It is simply not fair to punish VA hospitals that provide quality care to our veterans in greatest need. At the same time, we can reduce overhead by moving services in Waco's older

buildings to the renovated buildings, and mothballing, leasing or selling the older buildings. We sometimes forget there is a huge difference between high overhead versus the high cost of quality, specialized care. The former should be eliminated. The latter should be a source of pride.

Third, let's look at the possibility of making Waco a regional or even national referral center for acute and long-term psychiatric care. Just as the Department of Defense in its base realignment and closings process (BRAC) has learned that it is more efficient and effective to fully utilize major installations, the Waco VA can be more fully utilized to lower overhead here and duplicative expenditures elsewhere, while providing better care for specialized needs of veterans.

We in Central Texas stand ready and willing, if you will give us a fair chance, to address your goals of providing efficient, quality care to veterans. I hope you will conclude, that, at the very least, this district and our 71-year partnership with you in support of veterans, have earned the right for a reasonable period of time for us to look at alternatives to the closure of a unique, modernized facility and an experienced, dedicated and specialized workforce.

Thank you for your consideration.



CAPITOL:
P.O. Box 12068
Austin, Texas 78711
(512) 463-0122
Fax: (512) 475-3729
Dial 711 For Relay Calls

Texas State Senator District 22 DISTRICT: River Square Center 215 Mary, Suite 303 Waco, Texas 76701 (254) 772-6225 Fax: (254) 776-0436

5253 E. Hwy. 377, Suite I Granbury, Texas 76049 (817) 326-1161 Fax: (817) 326-6437

September 22, 2003

The Honorable Everett Alvarez, Jr. Chairman, Capital Assets Realignment for Enhanced Services Commission 810 Vermont Avenue, NW Washington, DC 20420

Dear Chairman Alvarez and Commission Members:

I am writing to express my concern about the possible closure of the Waco Veterans Affairs (VA) Hospital. The Waco VA Hospital is an important cornerstone of our community. It serves a population of veterans that numbers over 20,000 and it is the most comprehensive VA psychiatric hospital in the nation. This hospital provides vital services to Veterans all across Central Texas that cannot be duplicated.

I believe that forcing the veterans who currently receive treatment at the Waco VA Hospital to obtain similar services elsewhere would create serious problems for these individuals. Because of the unique nature of psychiatric illnesses, a major disruption in treatment would be devastating to many veterans. Closing down this hospital denies the community services on which area veterans have come to depend. It would also increase the burden on both state and local governments. I believe that excellent, comprehensive care can be most efficiently delivered from the Waco VA Hospital.

Thank you for your careful consideration of my request. I appreciate your service to the nation as you make these difficult decisions.

Sincerely,

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